

<b>TABLE A:</b> <b>EXPENDITURE OF TITLE II FUNDS FOR THE PERIOD OF: _____</b>
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**AGENCY/PROVIDER NAME:** \_\_\_\_\_

HIV-RELATED SERVICE	RYAN WHITE/ TITLE II	% OF TOTAL
1. Ambulatory/Outpatient Medical Care	\$	
2. Case Management	\$	
3. Consortia Drug Reimbursement Program	\$	
4. Dental Care	\$	
5. Health Insurance	\$	
6. Home Health Care	\$	
7. Hospice Care	\$	
8. Mental Health Therapy/Counseling	\$	
9. Nutritional Services	\$	
10. Rehabilitation Care	\$	
11. Substance Abuse Treatment/Counseling	\$	
12. Support Services	\$	
a. Adoption/Foster Care Assistance	\$	
b. Buddy/Companion Services	\$	
c. Client Advocacy	\$	
d. Counseling (Other)	\$	
e. Day or Respite Care	\$	
f. Direct Emergency Financial Assist.	\$	
g. Food Bank/Home Delivered Meals	\$	
h. Health Education/Risk Reduction	\$	
i. Housing Assistance/Housing-Related	\$	
j. Outreach	\$	
k. Permanency Planning	\$	
l. Referral	\$	
m. Transportation	\$	
n. Other Support Services	\$	

<b>13. TOTAL DIRECT SERVICES<sup>1</sup></b>	\$	
<b>14. TOTAL ADMINISTRATIVE</b>	\$	
<b>15. TOTAL NON-ADMINISTRATIVE OPERATING COSTS<sup>2</sup></b>	\$	
<b>16. TOTAL FUNDS UNEXPENDED AT END OF PERIOD</b>	\$	
<b>17. TOTAL GRANT AWARD</b>	\$	

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<sup>1</sup>Total lines 1-12 above.

<sup>2</sup>Eg. Consortium support, COMPIS-related expenditures